Joe and Mary have decided to split their exemptions. How would you complete Joe's Form W-4? Scroll down to the next page to complete lines 5 and 6. Without closing the PDF Window, return to the lesson screen and click Check My Answer.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4

Department of the Treasury Internal Revenue Service

## **Employee's Withholding Allowance Certificate**

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0010

1	Type or print your first name and middle initial	Last name		2	2 Your social security number		
	Home address (number and street or rural route)	3 Single Married Married, but withhold at higher Single rate.  Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.					
	City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶					
5 6	Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> from the applicable worksheet on page 2)  Additional amount, if any, you want withheld from each paycheck						
7	I claim exemption from withholding for 2005, and I certify that I meet <b>both</b> of the following conditions for exemption.  • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.						
	If you meet both conditions, write "Exem	pt" here		▶ 7			
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.  Employee's signature  (Form is not valid							
unles	nless you sign it.) ▶ Date ▶						
8	Employer's name and address (Employer: Comple	te lines 8 and 10 only if sendi	ng to the IRS.)  9 Office c (option		Employer ider	ntification number (EIN)	